

# CLAIMS ONLY

Application Number

Filing Date

10/213,639  
Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5	/					
6		/				
7		/				
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49		/				
50		/				
Total Indep						
Total Depend						
Total Claims						

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	Indep	Depend	Indep	Depend	Indep	Depend
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52		/				
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99						
100						
Total Indep	7					
Total Depend	45					
Total Claims	52					